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BOX AF

AF/2612
RESPONSE UNDER 37 C.F.R. § 1.116
GROUP ART UNIT 2612, EXPEDITED PROCEDURE



In re Application of:

HISASHI KAWAI

Application No.: 08/962,645

Filed: November 3, 1997

For: IMAGE INPUT DEVICE FOR INPUTTING
IMAGES OF A PLURALITY OF SUBJECTS
BY SWITCHING IMAGE PICKUP DIRECTION

Docket No. 35.G1460 CI

Examiner: L. Nguyen

Group Art Unit: 2612

Date: October 25, 2001

COMMISSIONER FOR PATENTS
BOX AF
Washington, D.C. 20231

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JAN 29 2002
Technology Center 2600

Duplicate

See paper #23 filed 12/01/01

Sir:

Transmitted herewith is an Amendment After Final Action And Petition For Extension of Time in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 14	MINUS	** 38	= 0	x \$9 \$18	\$ -0-
INDEP. CLAIMS	* 2	MINUS	*** 7	= 0	x \$42 \$84	\$ -0-
Fee for Multiple Dependent claims \$140°/\$280						\$ -0-
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$ -0-

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ Verified Statement claiming small entity status is enclosed, if not filed previously.

☐ A check in the amount of \$____ is enclosed.

☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Assistant Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.

☒ A check in the amount of \$400.00 to cover the fee for a two month extension is enclosed.

☐ A check in the amount of \$____ to cover the Notice of Appeal fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 29 296

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
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